



CLAIM FOR EXEMPTION OF AIR OR WATER POLLUTION CONTROL FACILITIES

State Form 24056 (R6 / 1-03)

Prescribed by Department of Local Government Finance

FORM 103 - P

MARCH 1, 20 _____

For Assessor's use only

PRIVACY NOTICE: The records in this series are confidential according to I.C. 6-1.1-35-9.

INSTRUCTIONS: Attach to and file with Form 103.

Name of taxpayer (please type or print)			County
Address where property is located (number and street, city, state, ZIP code)			Taxing district
RETURN OF PERSONAL PROPERTY OF INDUSTRIAL WASTE CONTROL FACILITIES TO ELIMINATE WATER POLLUTION CLAIMED TO BE EXEMPT FROM ASSESSMENT. You must forward a copy of this exemption claim to the Indiana Department of Environmental Management by Registered or Certified Mail. (I.C. 6-1.1-10-10). Pursuant to IC 6-1.1.-10-10, report below all personal property employed predominately in the operation of an industrial water treatment system for elimination of water pollution caused by industrial wastes. (See Regulation 16, Rule 11, Section 6)			
MONTH & YEAR ACQUIRED	TAX LIFE	TYPE OF WATER CONTROL FACILITY	TOTAL COST
			\$
TOTAL COST AS SHOWN ON LINE 5, SCHEDULE A, FORM 103			\$
Under the penalties of perjury , I hereby certify that this return to the best of my knowledge and belief, is true, correct and complete; and reports the total cost of all personal property claimed by the taxpayer to be exempt from assessment and taxation pursuant to IC 6-1.1-10-10.			
Signature of authorized person		Title	Date
Signature of person preparing return based on all information of which he has any knowledge			

Claim Air Pollution Control Exemption on reverse side.

RETURN OF PERSONAL PROPERTY OF STATIONARY INDUSTRIAL AIR PURIFICATION SYSTEMS CLAIMED TO BE EXEMPT FROM ASSESSMENT - STATE OF INDIANA	
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Pursuant to IC 6-1.1-10-13, report below all personal property employed predominately in the operation of an industrial air purification system for elimination of air contamination caused by industrial wastes. (See Regulation 16, Rule 11, Section 5)

[illegible]

TOTAL COST AS SHOWN ON LINE 4, SCHEDULE A, FORM 103	\$
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Under the penalties of perjury, I hereby certify that this return to the best of my knowledge and belief, is true, correct and complete; and reports the total cost of all personal property claimed by the taxpayer to be exempt from assessment and taxation pursuant to IC 6-1.1-10-13.

Signature of authorized person

Title

Date

Signature of person preparing return based on all information of which he has any knowledge

Forward copy to: *(by registered or certified mail)*
Indiana Department of Environmental Management
100 North Senate Avenue, Room 1255
Indianapolis, IN 46204

Claim Air Pollution Control Exemption on reverse side.